

SERFF Tracking Number:	PRLF-128149546	State:	Arkansas
Filing Company:	Principal Life Insurance Company	State Tracking Number:	
Company Tracking Number:			
TOI:	H07G Group Health - Specified Disease - Limited Benefit	Sub-TOI:	H07G.001 Critical Illness
Product Name:	Critical Illness (Portability)		
Project Name/Number:	/		

Filing at a Glance

Company: Principal Life Insurance Company

Product Name: Critical Illness (Portability)

SERFF Tr Num: PRLF-128149546 State: Arkansas

TOI: H07G Group Health - Specified Disease - Limited Benefit

SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: H07G.001 Critical Illness

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Mark Curtis, Dorthy Mcgrean, Brenda Mcleran, Ann McCoy, Colletta Maddy

Disposition Date: 05/18/2012

Date Submitted: 05/14/2012

Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2013

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Discretionary, Trust

Overall Rate Impact:

Filing Status Changed: 05/18/2012

State Status Changed: 05/18/2012

Deemer Date:

Created By: Ann McCoy

Submitted By: Brenda Mcleran

Corresponding Filing Tracking Number: PRLF-128127593

Filing Description:

May 14, 2012

Re Group Critical Illness Insurance Forms

Group Critical Illness Portability Insurance

- Booklet-Certificate Form GH 5710 (CI PORT), et al

SERFF Tracking Number: PRLF-128149546 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number:
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TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
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Product Name: Critical Illness (Portability)
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Principal Life Insurance Company NAIC No. 332-61271
FEIN No. 42-0127290

Enclosed for your consideration and approval are copies of Booklet-Certificate Form GH 5710 (PORT), et al issued for Arkansas residents under a master trust policy situated in Delaware which has been filed and approved May 1, 2012. These are new forms and are not replacing any forms previously approved. This certificate will be issued on a general use basis when an Arkansas policyholder's plan of benefits offers a portability option and a covered employee's coverage terminates and the employee elects to continue coverage.

We have enclosed a certification that the filing complies with [Iowa's] requirements that the coverage is in the best interest of the public, administrative cost reduction and reasonableness of premium in relation to benefits.

To assist in your review of this filing, we are attaching a chart that shows the booklet-certificate form numbers and form names.

Also enclosed is a portability application (GP60581) for your review and approval.

All required certification forms are enclosed.

Thank you for your consideration of this filing. If you have any questions on any of the attached materials, please feel free to contact me by fax, e-mail or at the toll-free number shown below.

Sincerely,

Brenda McLeran, ACS
State/Federal Compliance Analyst
Group Life & Health Compliance
Principal Life Insurance Company
Des Moines, IA 50392-0002
Phone 1-800-986-3343 (Ext. 88685)
Fax – 515-246-2491
e-mail address McLeran.Brenda@principal.com

State Narrative:

SERFF Tracking Number: PRLF-128149546 State: Arkansas
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Limited Benefit
Product Name: Critical Illness (Portability)
Project Name/Number: /

Company and Contact

Filing Contact Information

Ann McCoy, State/Federal Compliance Analyst mccoey.ann@principal.com
711 High St. 800-986-3343 [Phone] 89658 [Ext]
K-005-E81 515-246-4906 [FAX]
Des Moines, IA 50392-0002

Filing Company Information

Principal Life Insurance Company CoCode: 61271 State of Domicile: Iowa
711 High Street Group Code: 332 Company Type: Life & Health
Des Moines, IA 50392-0002 Group Name: State ID Number:
(800) 986-3343 ext. [Phone] FEIN Number: 42-0127290

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal Life Insurance Company	\$50.00	05/14/2012	59147261
Principal Life Insurance Company	\$450.00	05/15/2012	59180278

SERFF Tracking Number: PRLF-128149546 State: Arkansas

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TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
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Product Name: Critical Illness (Portability)

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/18/2012	05/18/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/16/2012	05/16/2012	Brenda Mcleran	05/18/2012	05/18/2012
Pending Industry Response	Rosalind Minor	05/15/2012	05/15/2012	Brenda Mcleran	05/15/2012	05/15/2012

State: *Arkansas*

State Tracking Number:

Sub-TOI: H07G.001 Critical Illness

Project Name/Number: /

Comment:

PDF Pipeline for SERFF Tracking Number PRLF-128149546 Generated 05/18/2012 09:11 AM

SERFF Tracking Number: PRLF-128149546 State: Arkansas

Filing Company: Principal Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
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Product Name: Critical Illness (Portability)

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	3-Prong Certification	Approved-Closed	Yes
Supporting Document	Statement of Variability, Forms List and Addendum	Approved-Closed	Yes
Form (revised)	Introductory Page	Approved-Closed	Yes
Form	Introductory Page	Replaced	Yes
Form	Table of Contents	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes
Form	Scheduled Benefits Summary	Approved-Closed	Yes
Form	How to Be Insured - Member	Approved-Closed	Yes
Form	How to Be Insured – Dependents	Approved-Closed	Yes
Form (revised)	Continuation of Coverage	Approved-Closed	Yes
Form	Continuation of Coverage	Replaced	Yes
Form	Description of Benefits – Limitations and Exclusions	Approved-Closed	Yes
Form	Claim Procedures	Approved-Closed	Yes
Form	Group Critical Illness Insurance Portability Application	Approved-Closed	Yes

SERFF Tracking Number: PRLF-128149546 State: Arkansas
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TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness (Portability)
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/16/2012
Submitted Date 05/16/2012
Respond By Date 06/16/2012
Dear Ann McCoy,

This will acknowledge receipt of the captioned filing.

Objection 1

- Continuation of Coverage, GH 5716 (CI PORT) (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

SERFF Tracking Number: PRLF-128149546 State: Arkansas
 Filing Company: Principal Life Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness (Portability)
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 05/18/2012
 Submitted Date 05/18/2012

Dear Rosalind Minor,

Comments:

Thank you for your objection letter dated May 16, 2012.

Response 1

Comments: We have revised our handicapped language to remove the time limit text set for furnishing proof of incapacity.

Related Objection 1

Applies To:

- Continuation of Coverage, GH 5716 (CI PORT) (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Introductory Page	GH 5710 (CI PORT)		Certificate Amendment, Insert Page, Endorsement or Rider	Initial		0.000	GH 5710 (CI PORT).pdf

Previous Version

SERFF Tracking Number: PRLF-128149546 State: Arkansas

Filing Company: Principal Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Critical Illness (Portability)

Project Name/Number: /

Introductory Page	GH 5710 (CI PORT)	Certificate Amendment, Initial Insert Page, Endorsement or Rider	0.000	GH 5710 (CI PORT).pdf
Continuation of Coverage	GH 5716 (CI PORT) AR	Certificate Amendment, Initial Insert Page, Endorsement or Rider	0.000	GH 5716 (CI PORT) AR.pdf
Previous Version				
Continuation of Coverage	GH 5716 (CI PORT)	Certificate Amendment, Initial Insert Page, Endorsement or Rider	0.000	GH 5716 (CI PORT).pdf

No Rate/Rule Schedule items changed.

Thank you for your continued review of this filing.

Sincerely,

Ann McCoy, Brenda Mccleran, Colletta Maddy, Dorthy Mcgrean, Mark Curtis

SERFF Tracking Number: PRLF-128149546 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness (Portability)
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/15/2012
Submitted Date 05/15/2012
Respond By Date
Dear Ann McCoy,

This will acknowledge receipt of the captioned filing.

Objection 1

- Introductory Page, GH 5710 (CI PORT) (Form)
- Table of Contents, GH 5711 (CI PORT) (Form)
- Definitions, GH 5712 (CI PORT) (Form)
- Scheduled Benefits Summary , GH 5713 (CI PORT) (Form)
- How to Be Insured - Member, GH 5714 (CI PORT) (Form)
- How to Be Insured – Dependents, GH 5715 (CI PORT) (Form)
- Continuation of Coverage, GH 5716 (CI PORT) (Form)
- Description of Benefits – Limitations and Exclusions, GH 5722 (CI PORT) (Form)
- Claim Procedures, GH 5724 (CI PORT) (Form)
- Group Critical Illness Insurance Portability Application, GP60581 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$500.00. Please submit an additional \$450.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

State: Arkansas

State Tracking Number:

Company Tracking Number:

Sub-TOI: H07G.001 Critical Illness

Product Name: *Critical Illness (Portability)*

Project Name/Number: /

Sincerely,
Rosalind Minor

SERFF Tracking Number: PRLF-128149546 State: Arkansas
Filing Company: Principal Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness (Portability)
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/15/2012
Submitted Date 05/15/2012

Dear Rosalind Minor,

Comments:

Thank you so much for clarifying this regarding the filing fees. We will make sure our records are documented.

Response 1

Comments: I have submitted an additional \$450.00 as requested.

Related Objection 1

Applies To:

- Introductory Page, GH 5710 (CI PORT) (Form)
- Table of Contents, GH 5711 (CI PORT) (Form)
- Definitions, GH 5712 (CI PORT) (Form)
- Scheduled Benefits Summary , GH 5713 (CI PORT) (Form)
- How to Be Insured - Member, GH 5714 (CI PORT) (Form)
- How to Be Insured – Dependents, GH 5715 (CI PORT) (Form)
- Continuation of Coverage, GH 5716 (CI PORT) (Form)
- Description of Benefits – Limitations and Exclusions, GH 5722 (CI PORT) (Form)
- Claim Procedures, GH 5724 (CI PORT) (Form)
- Group Critical Illness Insurance Portability Application, GP60581 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

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We will begin our review of this submission upon receipt of the additional filing fee.

State: *Arkansas*

State Tracking Number:

Sub-TOI: H07G.001 Critical Illness

Project Name/Number: _____ / _____

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your continued review.

Sincerely,

Ann McCoy, Brenda McIeran, Colletta Maddy, Dorthy Mcgrean, Mark Curtis

SERFF Tracking Number: PRLF-128149546 State: Arkansas

Filing Company: Principal Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Critical Illness (Portability)

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 05/18/2012	GH 5710 (CI PORT)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Introductory Page	Initial		0.000	GH 5710 (CI PORT).pdf
Approved-Closed 05/18/2012	GH 5711 (CI PORT)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Table of Contents	Initial		0.000	GH 5711 (CI PORT).pdf
Approved-Closed 05/18/2012	GH 5712 (CI PORT)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Definitions	Initial		0.000	GH 5712 (CI PORT).pdf
Approved-Closed 05/18/2012	GH 5713 (CI PORT)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Scheduled Benefits Summary	Initial		0.000	GH 5713 (CI PORT).pdf
Approved-Closed 05/18/2012	GH 5714 (CI PORT)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	How to Be Insured - Member	Initial		0.000	GH 5714 (CI PORT).pdf

SERFF Tracking Number: PRLF-128149546 State: Arkansas

Filing Company: Principal Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Critical Illness (Portability)

Project Name/Number: /

Approved- GH 5715	Certificate	How to Be Insured – Initial	0.000	GH 5715 (CI
Closed (CI PORT)	Amendmen	Dependents		PORT).pdf
05/18/2012	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			
Approved- GH 5716	Certificate	Continuation of Initial	0.000	GH 5716 (CI
Closed (CI PORT)	Amendmen	Coverage		PORT)
05/18/2012 AR	t, Insert			AR.pdf
	Page,			
	Endorseme			
	nt or Rider			
Approved- GH 5722	Certificate	Description of Initial	0.000	GH 5722 (CI
Closed (CI PORT)	Amendmen	Benefits – Limitations		PORT).pdf
05/18/2012	t, Insert	and Exclusions		
	Page,			
	Endorseme			
	nt or Rider			
Approved- GH 5724	Certificate	Claim Procedures Initial	0.000	GH 5724 (CI
Closed (CI PORT)	Amendmen			PORT).pdf
05/18/2012	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			
Approved- GP60581	Application/ Group	Critical Illness Initial		GP60581.pdf
Closed	Enrollment	Insurance Portability		
05/18/2012	Form	Application		

PRINCIPAL LIFE INSURANCE COMPANY
(called Principal Life in this Certificate of Coverage)
Des Moines, Iowa 50392-0002

CERTIFICATE OF COVERAGE

Important Notice: This is Critical Illness insurance. It provides a limited specified benefit. It is not a substitute for medical coverage. Please read this Certificate of Coverage carefully to fully understand what it covers, limits, and excludes. Principal Life suggests starting with a review of the terms listed in the DEFINITIONS section. Knowing the meaning of these terms will help with understanding the insurance.

This Certificate of Coverage is part of the Group Policy that is a legal document between Principal Life and the Policyholder to provide benefits to Members and their Dependents, subject to the terms, conditions, limitations and exclusions of the Group Policy. Principal Life issues the Certificate of Coverage based on the Member's application and payment of the required premium. The Group Policy, the incorporated Certificate of Coverage and the Member's application make up the entire contract.

This insurance has been designed to provide benefit payment when a covered Critical Illness occurs. The benefits are provided by a Group Policy issued by Principal Life. To the extent that benefits are provided by that Group Policy, the administration and payment of claims will be done by Principal Life as an insurer.

The provisions of the Group Policy determine Members' rights and benefits. This Certificate of Coverage briefly describes those rights and benefits. It outlines what the Member must do to be insured. It explains how to file claims. It is the Member's Certificate of Coverage while insured.

The effective date of insurance is as shown on the Scheduled Benefits Summary.

THIS CERTIFICATE OF COVERAGE REPLACES ANY PRIOR CERTIFICATE OF COVERAGE THAT THE MEMBER MAY HAVE RECEIVED FROM PRINCIPAL LIFE. In the event of future changes to the Member's insurance, the Member will be provided with a new Scheduled Benefits Summary, Certificate of Coverage or a Certificate of Coverage rider.

This Certificate of Coverage describes all the benefits available under the Group Policy underwritten by Principal Life. However, if the Prior Policy did not provide a particular benefit or if the Member did not elect any available benefits, those benefits described in this Certificate of Coverage will not apply to the Member.

The group insurance policy and the Member's insurance under the Group Policy may be discontinued or altered by Principal Life at any time without the Member's consent.

Principal Life reserves complete discretion to construe or interpret the provisions of the Group Policy, to determine eligibility for benefits, and to determine the type and extent of benefits, if any, to be provided. Principal Life's decisions in such matters will be controlling, binding, and final as between Principal Life and Members insured by this group insurance, subject to the Claim Procedures shown on GH 5724 (CI PORT) of this Certificate of Coverage.

The insurance provided in this Certificate of Coverage is subject to the laws of the state of Delaware.

TABLE OF CONTENTS

	Page
DEFINITIONS	GH 5712 (CI PORT)
SCHEDULED BENEFITS SUMMARY	GH 5713 (CI PORT)
HOW TO BE INSURED	
Members	GH 5714 (CI PORT)
Dependents	GH 5715 (CI PORT)
[4] [CONTINUATION OF COVERAGE.....	GH 5716 (CI PORT)]
LIMITATIONS AND EXCLUSIONS.....	GH 5722 (CI PORT)
CLAIM PROCEDURES	GH 5724 (CI PORT)

DEFINITIONS

Several words and phrases are capitalized whenever they are used in the Group Policy. For the purpose of the Group Policy, these words and phrases have specific meaning as explained in this section. Only the definitions applicable to the Member's benefits will apply.

Age

[6]

[The age of the Member or Dependent as of the prior Policy Anniversary date.][The attained age as of the Member's or Dependent's last birthday.]

Cancer One

A malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. Cancer One also covers the following blood cancers: Lymphoma, leukemia and multiple myeloma.

The following tumors are excluded from Cancer One:

- Chronic lymphocytic leukemia that has not progressed to at least Rai stage I;
- All tumors that are histologically described as nonmalignant, benign, premalignant, noninvasive, dysplasia (all grades) or carcinoma in situ;
- All skin cancers, unless there is metastasis, or the tumor is a malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- Prostate cancer, unless histologically classified as Gleason score 7 or greater, or TNM classification T1bN0M0 or greater;
- Papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid also known as microcarcinoma of the thyroid;
- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0m0 or lower[;][.] [and]

[4]

- [- Evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis.]

Diagnosis of Cancer One must be based on microscopic (histologic) examination of:

- fixed tissues; or
- preparations of blood or bone marrow.

Such examination must be documented in a written report by a Physician who is board certified in pathology, hematology or oncology.

A Clinical Diagnosis will be accepted only if:

- a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening; and
- there is medical evidence to support the Diagnosis; and
- a Physician is treating the Member or Dependent for Cancer One.

Cancer One will be deemed to be Incurred on the date the Diagnosis is made.

Cancer Two

Means the following:

- Chronic lymphocytic leukemia that has not progressed beyond Rai stage 0;
- Carcinoma in situ, which means a malignant neoplasm limited to the epithelium and confined within the basement membrane;
- Early stage melanoma, which means a malignant melanoma of up to 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- Early stage prostate cancer, which means a localized cancer histologically classified as Gleason score 6 or less, and TNM classification T1aN0M0;
- Papillary microcarcinoma of the thyroid, which means a papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; and
- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0m0.

Cancer Two does not include:

- [4] - Carcinoma and melanoma in situ of the skin and all skin cancers[; or][.]
- [- Evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis.]

Diagnosis of Cancer Two must be based on microscopic (histologic) examination of:

- fixed tissues; or
- preparations of blood or bone marrow.

Such examination must be documented in a written report by a Physician who is board certified in pathology, hematology or oncology.

A Clinical Diagnosis will be accepted only if:

- a pathological Diagnosis cannot be made because it is medically inappropriate or life threatening; and
- there is medical evidence to support the Diagnosis; and

- a Physician is treating the Member or Dependent for Cancer Two.

Cancer Two will be deemed to be Incurred on the date the Diagnosis is made.

Clinical Diagnosis

An identification of Cancer One or Cancer Two based on observation and history, diagnostic and laboratory studies and symptoms.

Coronary Artery Angioplasty

Balloon angioplasty, laser angioplasty, coronary stent placement or atherectomy to correct narrowing or blockage of one or more coronary arteries.

Proof of Coronary Artery Angioplasty requires submission of medical records.

Coronary Artery Angioplasty will be deemed to be Incurred on the date it was performed.

Coronary Artery Bypass Graft (CABG)

Major surgery which requires median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

The term does not mean procedures that do not require median sternotomy. These include but are not limited to minimally invasive, endoscopic, and “keyhole” heart surgery, balloon and laser angioplasty, stent procedures and atherectomy.

Proof of Coronary Artery Bypass Graft (CABG) requires submission of medical records. These records must show that it:

- was determined to be medically necessary by a Physician who was a board certified cardiologist or a board certified cardiothoracic surgeon;
- was supported by pre-operative angiographic evidence; and
- has been performed on a Member or Dependent.

The CABG will be deemed to be Incurred on the date it was performed.

Critical Illness

The illnesses or procedures listed under Benefits Payable and defined within this Certificate of Coverage.

[2] Date of Issue

The date the Group Policy is placed in force: [May 1, 2012].

Dependent

- A Member's spouse, if the spouse:
 - is legally married to the Member; and
 - is not in the Armed Forces of any country; and
 - is not insured under the Group Policy as a Member.
- A Member's Dependent Child(ren) as defined below.
- A Member's Domestic Partner, if the Member and the Domestic Partner completed and submitted a Declaration of Domestic Partnership which was approved by Principal Life.

Dependent Child(ren)

[7][8]

- A Member's natural child, if that child:
 - [is not married; and]
 - [is not in the Armed Forces of any country; and]
 - is not insured under the Group Policy as a Member; and
 - is less than [26] years of age.
- A Member's stepchild, if that child:
 - meets the requirements above; and
 - receives principal support from the Member.
- A Member's foster child, if that child:
 - meets the requirements above; and
 - lives with the Member; and
 - receives principal support from the Member; and
 - is under legal guardianship of the Member or the Member's spouse or Domestic Partner; and
 - was approved in writing by Principal Life as a Dependent Child.
- A Member's adopted child, if that child meets the requirements above and the Member:
 - is a party in a lawsuit in which the Member is seeking the adoption of the child; or
 - has custody of the child under a court order that grants custody of the child to the Member.

An adopted child will be considered a Dependent Child on the earlier of: the date the petition for adoption is filed; or the date of entry of an order granting the adoptive parent custody of the child for the purpose of adoption.

- The Member's Domestic Partner's child who otherwise qualifies above or if the Member or the Member's Domestic Partner are the child's guardian by court order.

- [10] [- The Member's child [26] years but less than [28] years of age who otherwise qualifies above, if that child receives principal support from the Member and is a Full-Time Student.]

Developmental Disability

A Dependent Child's substantial disability, as determined by Principal Life, which:

- results from mental retardation, cerebral palsy, epilepsy, or other neurological disorder; and
- is Diagnosed by a Physician as a permanent or long-term continuing condition.

Diagnosed or Diagnosis

A definitive identification of the Critical illness made by a Physician (where applicable) specializing in a particular area of medicine and supported by documentation of all appropriate and defined studies:

- based upon the usage of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and
- meeting any diagnostic requirements stated in the Group Policy for the particular Critical Illness being diagnosed.

Domestic Partner

A Member's opposite sex or same sex life partner, provided:

- the partner is not in the Armed Forces of any country; and
- the partner is not insured under the Group Policy as a Member; and
- the partner is at least 18 years of age; and
- neither the partner nor the Member are married; and

- neither the partner nor the Member have had another Domestic Partner in the six-month period preceding the date of the signed Declaration of Domestic Partnership; and
- the partner is not the Member's blood relative; and
- the partner and the Member have shared the same residence for at least six consecutive months and continue to do so; and
- the partner and the Member are each other's sole life partner and intend to remain so indefinitely; and
- the partner and the Member are jointly responsible for each other's financial welfare; and
- the partner and the Member are not in the relationship solely for the purpose of obtaining insurance coverage.

First Occurrence

The first time the Member or Dependent meets the definition of a Critical Illness after being insured under the Group Policy.

[10] [Full-Time Student

A Member's Dependent Child attending a school that has a regular teaching staff, curriculum and student body and who:

- attends school on a full-time basis, as determined by the school's criteria; and
- is dependent on the Member for principal support.]

Grace Period

The first 31-day period following a premium due date.

Group Policy

The policy of group insurance issued to the Policyholder by Principal Life, which describes benefits and provisions for Members and Dependents. The Group Policy is divided into two sections:

- the Policyholder provisions; and
- the Certificate of Coverage provisions for the Member and Dependent.

Both sections together form the Group Policy and include all of the benefits available under the Group Policy.

Heart Attack

Death of heart muscle due to inadequate blood supply. All of the following criteria must be satisfied:

- typical clinical symptoms, for example central chest pain; and
- diagnostic increase of specific cardiac markers for myocardial infarction; and
- new electrocardiographic changes of infarction.

Heart Attack does not include any heart attack that occurred during or within 24 hours after a cardiac or coronary artery procedure.

Proof of Heart Attack requires submission of medical records.

The Heart Attack will be deemed to be Incurred on the date it is Diagnosed by a Physician who is a board certified cardiologist.

Immediate Family

A Member's spouse, Domestic Partner, natural or adoptive parent, natural or adoptive child, sibling, stepparent, stepchild, stepbrother or stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, grandchild or spouse of grandparent or grandchild.

Incur or Incurred

An event or incident as defined within each Critical Illness for the purposes of the Group Policy.

Insurance Month

Calendar month.

Major Organ Failure

Irreversible end-stage failure of bone marrow, heart, kidney, liver, lung, or pancreas, and

- For kidney failure only, dialysis (either hemo or peritoneal) is initiated; or
- For all organs listed above, a transplant is recommended as soon as an appropriate donor is located, and the Member or Dependent is either listed with the United Network of Organ Sharing (UNOS) or a suitable donor is found without a UNOS listing.

The following are excluded:

- Bone marrow failure that results from the treatment process for cancer; and
- Failure of any other organ not listed above.

Proof of Major Organ Failure requires submission of medical records documenting major organ failure from a Physician who is board certified in a medical specialty that is appropriate to the organ involved, and except for kidney failure on dialysis, documentation of either listing with the UNOS or documentation that a suitable donor has been found without a UNOS listing.

Major Organ Failure will be deemed to be Incurred:

- For kidney failure only, the date dialysis is initiated; or
- For all organs listed above, the date the Member or Dependent is either listed with the UNOS or a suitable donor is found without a UNOS listing.

Member

Any person covered under the Prior Policy who is eligible and elects to continue coverage under the portability provisions available through that Prior Policy.

Physical or Mental Disability

A Dependent Child's substantial Physical or Mental Disability, as determined by Principal Life, which:

- results from injury, accident, congenital defect or sickness; and
- is Diagnosed by a Physician as a permanent or long-term dysfunction or malformation of the body.

Physician

- A licensed Doctor of Medicine (M.D.) or Osteopathy (D.O.); or
- any other licensed health care practitioner that state law requires be recognized as a Physician under the Group Policy.

The term Physician does not include the Member, one of the Member's employees, the Member's business or professional partner or associate, any person who has a financial affiliation or business interest with the Member, anyone related to the Member by blood or marriage, or anyone living in the Member's household.

[11] Policy Anniversary

[May 1, 2005] and the same day of each following year.

[1] **Policyholder**

[John Doe Trustee]. The “Trustee” is the trustee hereinafter appointed, or any successor trustee designated by Principal Life.

Premium Period

The interval of time in which premiums are due. Members pay premium monthly.

Prior Policy

The Principal Life Group Critical Illness Insurance policy for which the Group Policy is a replacement.

Scheduled Benefits Summary

The page, which is issued as part of the Member’s Certificate of Coverage, that contains benefit and other information pertaining to the Member’s insurance under the Group Policy.

Smoker

A user of nicotine products (including cigarettes, pipes, cigars and chewing tobacco).

Stroke

Death of brain tissue due to an acute cerebrovascular event. All of the following criteria for stroke must be satisfied:

- clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage;
- clear evidence on a CT, MRI or similar imaging technique that a stroke has occurred; and
- permanent neurologic deficit measured thirty days or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome.

Stroke does not include symptoms due to transient ischemic attack, migraine, hypoxia, traumatic injury to brain tissue or blood vessels, and vascular disease affecting the eye, optic nerve or vestibular functions.

Diagnosis of stroke with permanent neurological deficit must be confirmed in writing by a Physician who is board certified in neurology and requires submission of medical records.

The Stroke will be deemed to be Incurred on the date of the event.

GROUP CRITICAL ILLNESS INSURANCE

[13]	Member:	[Jane Doe]	Certificate of Coverage Number: [10101]
	Address:	[Route 1]	Certificate of Coverage Effective Date: [05-01-12]
		[Des Moines, IA 12121]	Certificate of Coverage Anniversary Date: [May 1]

<u>CURRENT SUMMARY</u>	<u>AMOUNT</u>
------------------------	---------------

[14]	Member Critical Illness Scheduled Benefit	[\$20,000]
	Maximum Lifetime Benefit	[\$40,000]
[5]	[Dependent Critical Illness Scheduled Benefit]	
[17][19]	[Dependent spouse [or Domestic Partner]]	[\$10,000]
[5]	[Maximum Lifetime Benefit	[\$20,000]]
[18]	[Dependent Child(ren)	[\$2,500]]
	[Maximum Lifetime Benefit	[\$5,000]]
[15]	Current Smoker Status - Member:	[Non-]Smoker
[19][17]	[Current Smoker Status - Dependent spouse [or Domestic Partner]:	[Non-]Smoker
[16]	[Monthly Administrative Fee:	[\$2.00]]

Schedule of Insurance

[5] The Group Policy will pay the benefits described below if the Member [or Dependent] Incurs a listed Critical Illness on or after the date the Member [or Dependent] becomes insured by the Group Policy.

[20] [For the age(s) shown below, the amount of the Member's [or Dependent's] insurance will be the percentage of the Scheduled Benefit as shown below.

Age	% of Scheduled Benefit
Age [70] and over	50%]

Benefits Payable

[23]

Critical Illness	% of Scheduled Benefit for First Occurrence	% of Scheduled Benefit for Additional Occurrences
[Cancer One]	[100%]	[100%]
[Cancer Two]	[25%]	[25%]
[Coronary Artery Bypass Graft (CABG)]	[25%]	[25%]
[Coronary Artery Angioplasty]	[10%]	[10%]
[Heart Attack]	[100%]	[100%]
[Major Organ Failure]	[100%]	[100%]
[Stroke]	[100%]	[100%]

[24]

Benefits for a First Occurrence of a different Critical Illness will be payable if the Critical Illness is Incurred more than [12 months] from the date the preceding Critical Illness was Incurred.

[25][24]

[Benefits for additional occurrences of the same Critical Illness will be payable if the Critical Illness is Incurred more than [12 months] from the date the preceding Critical Illness was Incurred and the Member [or Dependent] has not received treatment for that Critical Illness for at least [12] consecutive months prior to the last occurrence. For the purpose of this provision, treatment does not include preventive medications in the absence of disease or routine scheduled follow-up visits to a Physician.]

[26] [No benefits will be payable for additional occurrences of the same Critical Illness.]

Maximum Lifetime Benefit

[27]

The maximum total lifetime benefit paid to the Member [or any Dependent] under the Group Policy will be [two times] the Member [or Dependent] Critical Illness Scheduled Benefit.

Benefit Duration

The Member's insurance under the Group Policy will cease (subject to the Termination provisions on GH 5714 (CI PORT)):

[11][28] - [the [May 1] that next follows the date the Member reaches [70] years of age.]

[11][29] - [the [May 1] that next follows the date coverage has been in force [two] [three] [five] years.]

Please attach this Scheduled Benefits Summary to the Certificate of Coverage. It replaces any previously issued Scheduled Benefits Summary. For questions, call Principal Life at [1-800-843-1371] [(Des Moines Area)] [7:00 am - 7:00 pm] [C.T.] Monday-Friday.

HOW TO BE INSURED – MEMBERS

MEMBER CRITICAL ILLNESS INSURANCE

Eligibility

A person will be eligible for insurance under the Group Policy if:

- Member Critical Illness Insurance under the Prior Policy ended because the person ceased to meet eligibility requirements or the Prior Policy terminated, resulting in a loss of coverage; and
- [30] - the person was insured under the Prior Policy for at least [12 consecutive months]; and
- [33] - the person is less than age [70].

A person will not be eligible for insurance under the Group Policy if:

- the Prior Policy was replaced by another critical illness insurance policy; or
- the person Incurred a Critical Illness under the Prior Policy, regardless of whether a benefit was payable, other than for Wellness.

A person will be eligible for Member Critical Illness Insurance under the Group Policy on the date the person is no longer eligible under the Prior Policy.

Request for Initial Insurance

- [31] A person must request initial insurance in a form provided by Principal Life. Insurance will be effective on the date the person is eligible, if the request is made within [60] days after the date eligible.

Payment Responsibility; Due Dates; Grace Period

The Member is responsible for payment of all premium due while his or her coverage under the Group Policy is in force. Premium is due on the first day of each Premium Period.

Premium payments must be sent to the home office of Principal Life in Des Moines, Iowa and be made within 31 days after a due date. A Grace Period of 31 days will be allowed for payment of premium. Insurance coverage under the Group Policy will remain in force until the end of the Grace Period. The Member will be liable for payment of the premium for the time the Member's coverage under the Group Policy remains in force during the Grace Period.

The Member's coverage under the Group Policy will terminate at the end of the Grace Period if total premium due has not been received by Principal Life before the end of the Grace Period. Failure by the Member to submit the premium to Principal Life within the Grace Period will be deemed notice by the Member to Principal Life to discontinue coverage for that Member under the Group Policy at the end of the Grace Period.

Group Policy Premium Rates

- [30] Premium rates for the Group Policy will be as determined by Principal Life. Principal Life may change a premium rate on any premium due date if the premium rate has been in force at least [12 months] and if written notice is given to the Member at least 31 days before the date of change.

Member Premiums

The amount of premium to be paid on each due date will be determined in these ways:

a. Member Critical Illness Insurance

The Member Critical Illness Scheduled Benefit will be divided by 1,000, then multiplied by the Group Policy premium rate then in effect for the Member's Age and Smoker status.

b. Dependent spouse or Domestic Partner Critical Illness Insurance

The Dependent spouse or Domestic Partner Critical Illness Scheduled Benefit will be divided by 1,000, then multiplied by the Group Policy premium rate then in effect for the Dependent spouse's or Domestic Partner's Age and Smoker status.

- [32] The amount of premium to be paid for a Member or Dependent spouse or Domestic Partner may change on any [Policy Anniversary][premium due date], if the Age of the Member or Dependent spouse or Domestic Partner has changed since the last [Policy Anniversary][premium due date].

c. Dependent Child(ren) Critical Illness Insurance

The Dependent Child(ren) Critical Illness Scheduled Benefit will be divided by 1,000, then multiplied by the Group Policy premium rate then in effect.

Changes

A Member may request a decrease in Scheduled Benefits and/or termination of benefits by submitting a written request in a form provided by Principal Life. Changes will be effective on the first of the Insurance Month coinciding with or next following the date of the request.

Change in Smoker Status

When a Member or Dependent has not used nicotine products for the past [12 months], they may request a change in his or her Smoker status by submitting a written request in a form provided by Principal Life. The revised premium rate charged for the coverage will be effective on the first of the Insurance Month coinciding with or next following the date the written request is received by Principal Life.

Information to be Furnished

The Member must, upon request, give Principal Life all information needed to administer his or her coverage under the Group Policy. If a clerical error is found in this information, Principal Life may at any time adjust premium to reflect the facts. An error will not invalidate insurance that would otherwise be in force. Neither will an error continue insurance that would otherwise be terminated.

Individual Incontestability

All statements made by a Member or Dependent under the Group Policy or the Prior Policy will be representations and not warranties. In the absence of fraud, these statements may not be used to contest a Member's or Dependent's insurance unless:

- the insurance, or any increase in insurance, has been in force for less than two years. The two years may be reduced by any time satisfied under the Prior Policy; and
- the statement is in written form signed by the Member or Dependent; and
- a copy of the form, which contains the statement, is given to the Member or Dependent or their beneficiary at the time insurance is contested.

However, the above will not preclude the assertion at any time of defenses based upon the Member or Dependent not being eligible for insurance under the Group Policy or upon other provisions of the Group Policy.

In addition, if a Member's or Dependent's age or Smoker status is misstated, Principal Life may, at any time, adjust premium and benefits to reflect the correct age and/or Smoker status.

Termination

The Member's insurance under the Group Policy will cease on the earliest of:

- the date the Group Policy terminates, either in its entirety or for the Member; or
- the date the Member's Maximum Lifetime Benefit, as shown on GH 5713 (CI PORT), is paid; or

- the end of the Insurance Month for which the last premium is paid for the Member's insurance; or
- the end of any Insurance Month, if requested by the Member before that date; or
- the end of the Insurance Month the Member becomes insured again under the Prior Policy as a Member; or
- the date as shown in the Benefit Duration section of GH 5713 (CI PORT).

Termination for Fraud

Principal Life may at any time terminate a Member's or Dependent's insurance under the Group Policy in writing and with 31-day notice:

- if the Member or Dependent submits any claim that contains false or fraudulent elements under state or federal law; or
- upon finding in a civil or criminal case that a Member or Dependent has submitted claims that contain false or fraudulent elements under state or federal law; or
- when a Member or Dependent has submitted a claim, which, in good faith judgment and investigation, they knew or should have known, contains false or fraudulent elements under state or federal law.

Termination Without Regard to Cause

[31] Principal Life may terminate the Group Policy without regard to cause by giving the Member [31 days] advance notice in writing.

Responsibility to Members

If the Group Policy or the Member's coverage under the Group Policy terminates for any reason, Principal Life must notify each Member of the effective date of the termination and refund or otherwise account to each Member all premium received.

Insurance While Outside of the United States

If a Member or Dependent is temporarily outside the United States, the Member or Dependent may choose to continue insurance, subject to premium payment for a period of six months or less for one of the following reasons:

- personal travel; or
- a business assignment; or
- full-time student status, provided the Member or Dependent is either:
 - enrolled and attending an accredited school in a foreign country; or
 - participating in an academic program in a foreign country, for which the institution of higher learning at which the Member or Dependent is enrolled in the U.S. grants academic credit.

The six-month period will not be reduced for any time covered under a Prior Policy.

If the Member or Dependent is outside the United States for any other reason than those listed above, their coverage will automatically terminate.

HOW TO BE INSURED – DEPENDENTS

DEPENDENT CRITICAL ILLNESS INSURANCE

Eligibility

A Member will be eligible for insurance under the Group Policy for their Dependents insured under the Prior Policy on the date the Member is eligible for Member Critical Illness Insurance under the Group Policy.

A Member will not be eligible for insurance under the Group Policy on any Dependent if:

- the Dependent Incurred a Critical Illness under the Prior Policy, regardless of whether a benefit was payable, other than for Wellness; or
- [33] - the Dependent spouse or Domestic Partner is age [70] or older; or
- the Dependent ceases to be a Dependent as defined in GH 5712 (CI PORT).

Dependent Critical Illness Insurance will be in force under the same terms as described earlier for Member Critical Illness Insurance, except in no event will Dependent Critical Illness Insurance be in force if the Member is not insured for Member Critical Illness Insurance.

Individual Incontestability

Dependents will be subject to the Individual Incontestability provisions as described earlier for Member Critical Illness Insurance.

Termination

Insurance for Dependents will terminate on the earliest of:

- the date Member Critical Illness Insurance ceases; or
- for a Dependent spouse or Domestic Partner the date the Maximum Lifetime Benefit as shown on GH 5713 (CI PORT) is paid; or
- for each Dependent Child the date the Maximum Lifetime Benefit as shown on GH 5713 (CI PORT), is paid; or
- [11][33] - the [May 1] that next follows the date a Dependent spouse or Domestic Partner turns age [70]; or
- the date Dependent Critical Illness Insurance is removed from the Group Policy; or

- the end of the Insurance Month for which the last premium is paid for a Dependent's insurance; or
- the end of any Insurance Month, if requested by the Member before that date.

Insurance for any one Dependent will terminate on the last day of the Insurance Month in which he or she ceases to be a Dependent.

However, insurance will be continued beyond the maximum age for a Dependent Child who is incapable of self-support because of a Developmental or Physical Disability and is dependent on the Member for primary support. The Member must apply for this continuation within 31 days after the Dependent Child reaches the maximum age.

Termination for Fraud

Dependents will be subject to the Termination for Fraud provisions as described earlier for Member Critical Illness Insurance.

Insurance While Outside of the United States

Dependents will be subject to the Insurance While Outside of the United States provisions as described earlier for Member Critical Illness Insurance.

[4] **[CONTINUATION OF COVERAGE]**

Dependent Insurance – Developmentally, Physically or Mentally Disabled Children

Qualification

Dependent Critical Illness Insurance for a child may be continued after the child reaches the maximum age for Dependent Children as defined in GH 5712 (CI PORT) of this Certificate of Coverage, provided that:

- the child is incapable of self-support as the result of a Developmental, Physical or Mental Disability and they became so before reaching the maximum age and is dependent on the Member for primary support; and
- except for age, the child continues to be a Dependent Child as defined in GH 5712 (CI PORT); and
- notice of the child's incapacity is sent to Principal Life when the date the child reaches the maximum age; and
- further notice that the child remains incapable of self-support is provided when Principal Life requests; and
- the child undergoes examination by a Physician when Principal Life requests. Principal Life will pay for these examinations and will choose the Physician to perform them.

Period of Continuation

Insurance for a Dependent Child who qualifies as set forth above may be continued until the earlier of:

- the date insurance would cease for any reason other than the child's attainment of the maximum age; or
- the date the Group Policy terminates, either in its entirety or for the Member; or
- the date the child becomes capable of self-support or otherwise fails to qualify as set forth above.]

DESCRIPTION OF BENEFITS

CRITICAL ILLNESS LIMITATIONS AND EXCLUSIONS

Limitations

Benefits will not be paid for a Critical Illness caused by, contributed to, or resulting from:

- willful self-injury or self-destruction, while sane or insane; or
- war or act of war; or
- voluntary participation in an assault, felony, criminal activity, insurrection, or riot; or
- duty as a member of a military organization; or
- conditions diagnosed outside of the United States unless the diagnosis can be confirmed by a licensed Physician in the United States; or
- the use of any drug, narcotic, or hallucinogen not prescribed for the Member or Dependent by a licensed Physician, or if prescribed, not used in a manner consistent with that prescription; or
- the use of alcohol, including the operation of a motor vehicle if, at the time of operation, the operator's alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs; or
- a cosmetic surgery or other elective procedures that are not medically necessary.

Exclusions

No benefits will be paid for any Critical Illness:

- Incurred while residing outside the United States for more than six months; or
- Incurred while incarcerated in any type of penal or detention facility; or
- unless the Critical Illness is Diagnosed while the Member or Dependent is alive; or
- for which proof is submitted by a Physician who is part of the Member's or Dependent's Immediate Family.

CLAIM PROCEDURES

Notice of Claim

Written notice of claim must be given to Principal Life within 20 days after the date the Critical Illness was Incurred. Failure to give notice within the time specified will not invalidate or reduce any claim if notice is given as soon as reasonably possible.

Claim Forms

Claim forms and other information needed to prove the claim must be filed with Principal Life in order to obtain payment of benefits. Principal Life will provide forms to assist the Member in filing claims. If the forms are not provided within 15 days after Principal Life receives such notice, the Member will be considered to have complied with the requirements of the Group Policy upon submitting, within the time specified below for filing proof of the Critical Illness, written proof covering the occurrence, character and extent of the Critical Illness.

Proof of Critical Illness

Completed claim forms and other information needed to prove the Critical Illness should be filed promptly. Written proof of the Critical Illness should be sent to Principal Life within 90 days after the date the Critical Illness was Incurred. Proof required includes the date, nature, and extent of the Critical Illness. Principal Life may request additional information to substantiate a Critical Illness or require a signed unaltered authorization to obtain that information from the provider. Failure to comply with such request could result in declination of the claim. For purposes of satisfying the claims processing timing requirements of the Employee Retirement Income Security Act (ERISA), receipt of claim will be considered to be met when the appropriate claim form is received by Principal Life.

Payment, Denial, and Review

ERISA permits up to 45 days from receipt of claim for processing the claim. If a claim cannot be processed due to incomplete information, Principal Life will send a written explanation prior to the expiration of the 45 days. A claimant is then allowed up to 45 days to provide all additional information requested. Principal Life is permitted two 30-day extensions for processing an incomplete claim. Written notification will be sent to a claimant regarding the extension.

In actual practice, benefits under the Group Policy will be payable sooner, provided Principal Life receives complete and proper proof of the Critical Illness. Further, if a claim is not payable or cannot be processed, Principal Life will submit a detailed explanation of the basis for the denial.

A claimant may request an appeal of a claim denial by written request to Principal Life within 180 days of the receipt of notice of the denial. Principal Life will make a full and fair review of the claim. Principal Life may require additional information to make the review. Principal Life will notify the claimant in writing of the appeal decision within 45 days after receipt of the appeal request. If the appeal cannot be processed within the 45-day period because Principal Life did not receive the requested additional information, Principal Life is permitted a 45-day extension for the review. Written notification will be sent to the claimant regarding the extension. After exhaustion of the formal appeal process, the claimant may request an additional appeal. However, this appeal is voluntary and does not need to be filed before asserting rights to legal action.

For purposes of this section, “claimant” means the Member or Dependent.

Facility of Payment

Principal Life will normally pay benefits directly to the Member. However, in the special instances listed below, payment will be as indicated. All payments so made will discharge Principal Life to the full extent of those payments.

- If payment amounts remain due upon the Member’s death, those amounts may, at the option of Principal Life, be paid to the Member’s spouse or Domestic Partner, child, parent, or estate.
- If Principal Life believes a person is not legally able to give a valid receipt for a benefit payment, and no guardian has been appointed, Principal Life may pay whoever has assumed the care and support of the person.

Medical Examinations

Principal Life may have the claimant examined by a Physician during the course of a claim. Principal Life will pay for these examinations and will choose the Physician to perform them.

Legal Action

Legal action to recover benefits under the Group Policy may not be started earlier than 90 days after proof of the Critical Illness is filed and before the appeal procedures have been exhausted. Further, no legal action may be started later than three years after that proof is required to be filed.

Time Limits

All time limits listed in this section will be adjusted as required by law.

Mailing Address:
Des Moines, IA 50392-0002

**Principal Life
Insurance Company**

**Group Critical Illness
Insurance Portability
Application**

Account number _____

Employee & Dependent (if applicable) Information

I hereby apply for portability of my group critical illness insurance coverage issued by Principal Life Insurance Company in accordance with the provisions of the group policy.

Employee name (last, first, middle initial) _____

Street address		Home e-mail address		Phone number	
City		State		ZIP code	
Name	SSN/Privacy ID	Date of birth	Sex	Relationship	Scheduled Benefit Amount
			<input type="checkbox"/> male <input type="checkbox"/> female	Self	\$
			<input type="checkbox"/> male <input type="checkbox"/> female		\$
			<input type="checkbox"/> male <input type="checkbox"/> female		\$
			<input type="checkbox"/> male <input type="checkbox"/> female		\$

NOTE: Standalone dependent coverage is not available.

Have you or your spouse or domestic partner used nicotine products within the last 12 months?

Employee: ☐ yes ☐ no Spouse: ☐ yes ☐ no Domestic partner: ☐ yes ☐ no

[Benefit Booklet election: I wish my benefit booklet to be provided by: ☐ Paper ☐ Electronic delivery

If you elect to receive your benefit booklet electronically, we will contact you with further information and directions for accessing your benefit booklet. Please be sure to include your current home e-mail address in the section above so we may contact you about electronic delivery of your portability benefit booklet.]

Employee Signature (Read and sign below.)

- **I understand coverage continuation will be effective only if this application and first month's premium are received by Principal Life Insurance Company within 60 days of the date my group critical illness insurance coverage terminates.** Confirmation of coverage will be sent to me by Principal Life Insurance Company.
- I hereby acknowledge that the above information is true and complete to the best of my knowledge and belief. I understand my coverage can be ported as long as:
 - my member critical illness insurance under the prior policy ended because I ceased to meet eligibility requirements or the prior policy terminated, resulting in a loss of coverage and;
 - I have been insured under the prior group policy for [12 consecutive months] and;
 - I am less than [70] years of age and;
 - I have not incurred a critical illness, under the prior group policy, regardless of whether a benefit was payable, other than for Wellness.
- I understand the initial rate calculation for me and my spouse or domestic partner, if covered, is based on our age as of prior group policy anniversary and smoker status. The rate table and age used for our rate calculation is subject to change on [May 1] of every year.

- **[I understand that if I consent to electronic delivery of my benefit booklet, I can withdraw my consent at any time or request a paper copy of the benefit booklet. In addition, if I change my e-mail address, I understand that I am responsible for notifying Principal Life in order to assure receipt of any changes to the benefit booklet. I understand that I may contact Principal Life regarding this matter at the address shown below.]**
- **I have read and understand the Fraud Notice Requirements on Page 2 and 3.**

Employee signature X	Date signed
--------------------------------	-------------

Send completed form and check payable to:
The Principal Financial Group®
Attn: Group Operations – Critical Illness Portability
711 High Street, Des Moines, IA 50392

Employer to Complete this Section

Employer name	Contact for Questions	Phone
Amount of coverage upon termination		
Employee \$ _____	Spouse or Domestic Partner \$ _____	Dependent children \$ _____
Date coverage effective	Date coverage terminated	
Job/Benefit Class		

Has this group critical illness policy been replaced by another group critical illness policy? ☐ yes ☐ no

Fraud Notice Requirements

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

COLORADO FRAUD

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA FRAUD

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA FRAUD

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW MEXICO FRAUD

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO FRAUD

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA FRAUD

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE FRAUD

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

VIRGINIA FRAUD

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

SERFF Tracking Number: PRLF-128149546 State: Arkansas
 Filing Company: Principal Life Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Critical Illness (Portability)
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Flesch Certification	Approved-Closed	Date: 05/18/2012
Comments:		
Attachment: Readability Cert.pdf		

	Item Status:	Status
Bypassed - Item: Application	Approved-Closed	Date: 05/18/2012
Bypass Reason: The application is being filed for review and attached under the Form Schedule tab.		
Comments:		

	Item Status:	Status
Satisfied - Item: 3-Prong Certification	Approved-Closed	Date: 05/18/2012
Comments:		
Attachment: 3-prong certification Arkansas (Signed).pdf		

	Item Status:	Status
Satisfied - Item: Statement of Variability, Forms List and Addendum	Approved-Closed	Date: 05/18/2012
Comments:		
Attachments: Statement of Variability.pdf Forms List.pdf Addendum.pdf		

**STATE OF ARKANSAS
INSURANCE DEPARTMENT**

CERTIFICATION OF READABILITY

I, Kimberly Douglas, an Officer of Principal Life Insurance Company hereby certify that the attached form(s) has (have) achieved a Flesch Reading Ease Score of:

Form No.	Form Name	Flesch Score
GH 5710 (CI PORT) et, al	Certificate of Coverage	52.3

and complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

PRINCIPAL LIFE INSURANCE COMPANY



Kimberly Douglas, Director
Group Life and Health Compliance

May 14, 2012

Date

12/1999



Principal Life
Insurance Company

**STATE OF ARKANSAS
INSURANCE DEPARTMENT**

3-PRONG CERTIFICATION

Re Group Critical Illness Portability Insurance
- Booklet-Certificate Form GH 5710 (PORT), et al

I hereby certify that to the best of my knowledge, information and belief that the filing complies with Arkansas's requirements that the coverage is in the best interest of the public, administrative cost reduction and reasonableness of premium in relation to benefits.

PRINCIPAL LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "J. McCoy", written over a faint circular stamp.

Jacob McCoy, FSA, MAAA
Associate Actuary

4/23/2012

Date

STATEMENT OF VARIABILITY FOR SUBMISSION DATED MAY 14, 2012
FOR GROUP CRITICAL ILLNESS PORTABILITY INSURANCE FORMS GC 5700 (CI
PORT) et al

Variable Material is denoted in the Certificate of Coverage forms as bracketed.

CERTIFICATE OF COVERAGE

[4] This variable will be standardly used. It may be removed if approved by Principal Life.

GH 5712 (CI PORT) – Definitions

[6] The first variable will be standardly used. The second variable may be used if approved by Principal Life.

[7] This variable will not standardly be used.

[8] The variable 26 will be standard but may vary from 19 to 30 years of age.

[10] This variable will not standardly be used. This variable will be used if coverage will be allowed for Dependents over the age of 19 up to a certain age if the Dependent is a Full-Time Student. The years of age variables may vary from 19 to 30.

[11] A date selected by Principal Life.

GH 5713 (CI PORT) – Scheduled Benefits Summary

[5] This variable will be used when the Member's Prior Plan offered Dependent Critical Illness Insurance to their employees and the Member elects to port dependent coverage.

[12] This variable is used to show the later of the initial effective date or the date a change was effective.

[13] This variable will be used to show the name and address of the Member, the certificate number, initial effective date and anniversary date.

[14] This variable will be used to show the scheduled benefit amounts elected by the Member.

[15] This variable will be used to show the smoker status.

[16] This variable is used to show the administrative fee. This variable will not standardly be used.

[17] This variable will be used if coverage for a Dependent spouse or Domestic Partner is included.

[18] This variable will be used if coverage for Dependent Child(ren) is included.

- [19] This variable will be used when the Prior Policy provided Domestic Partner coverage and the Member elects to port coverage for a Domestic Partner.
- [20] This variable will be used if included in the Prior Policy.
- [21] This variable will not be standard but will be added if included in the Prior Policy. Variable 70 will be standard but can range from 60 to 100 years of age.
- [22] This variable will be adjusted to match the Prior Policy. Variable 50% will be standard but can range from 25% to 75%.
- [23] These variable Critical Illnesses will be standard, except for Coronary Artery Angioplasty. These variable Illnesses will be removed if not included in the Prior Policy. The percentage variables shown will be standard but may range from zero to 100% and will be adjusted to match the Prior Policy.
- [24] Variable 12 months will be standard but may range from 6 to 24 months and will be adjusted to match the Prior Policy.
- [25] This variable will be standardly used but will be removed if not included in the Prior Policy.
- [26] This variable will not be standardly used; it will be used if the above paragraph is not used and if this provision is included in the Prior Policy.
- [27] The variable two times will be standard but may range from one to four times and will be adjusted to match the Prior Policy.
- [28] This variable will be used if the Prior Policy had portability to age 70. The variable “70” will be standard but may vary from 60 to 100 and will be adjusted to match the Prior Policy.
- [29] This variable will be used in place of the above bullet if the Prior Policy did not have portability to age 70. The variables may be two, three or five years and will be adjusted to match the Prior Policy.

GH 5714 (CI PORT) – How To Be Insured – Members

- [30] The 12 month variable will be standard, but may vary from 6 to 36 months.
- [31] The notice period will range from 31 days to 60 days, 90 days, or 180 days.
- [32] These variables are used to show when premiums may be changed. Policy Anniversary will be standardly used but may be changed if approved by Principal Life.

GH 5715 (CI PORT) – How To Be Insured – Dependents

- [33] Use of these variables depends on when the insurance ends. Age 70 will be standard, but may vary from age 60 to 100.

Arkansas – Group Critical Illness Portability Insurance
Certificate of Coverage Form Titles/Numbers

Certificate of Coverage Form Title	Certificate of Coverage Numbers
Introductory Page	GH 5710 (CI PORT)
Table of Contents	GH 5711 (CI PORT)
Definitions	GH 5712 (CI PORT)
Scheduled Benefits Summary	GH 5713 (CI PORT)
How to Be Insured - Member	GH 5714 (CI PORT)
How to Be Insured – Dependent	GH 5715 (CI PORT)
Continuation of Coverage	GH 5716 (CI PORT)
Description of Benefits – Limitations and Exclusions	GH 5722 (CI PORT)
Claim Procedures	GH 5724 (CI PORT)

ADDENDUM/STATEMENT OF VARIABILITY
ARKANSAS CRITICAL ILLNESS PORTABILITY
APPLICATION FORM
PRINCIPAL LIFE INSURANCE COMPANY

The following form is a new form to be used with new Critical Illness business sold after the date of approval of this submission.

Critical Illness Portability Application (GP60581) - this form is used to allow an insured person to port their critical illness insurance when their coverage under their employer's group critical illness policy ends and the criteria for portability eligibility is met.

This form includes variable options as noted below:

Page 1 – Employee & Dependent Information section

- The electronic Benefit Booklet election question and the paragraph following it is being filed as a variable as we may not have an electronic benefit booklet option available when the Critical Illness portability option is initially implemented. When this option is implemented, it will be used for all critical illness portability offers made after the implementation date.

Page 1 and Page 2 – Employee Signature section

- Under the “I hereby acknowledge...” bullet, there are additional bullets with variables shown for [12 consecutive months] and [70] years of age. This time period and age will match the time period and age used in the Critical Illness policy that an insured would be porting from. The time periods shown are our standard amounts and will normally be used.
- In the “I understand the initial rate calculation...” bullet, a variable is shown for [May 1]. It is our intention that all portability policies will have the same rate recalculation date – this date may be something other than May 1 depending on when we start the sale of this product. The same date will be used for all portability policies.
- The bullet for “[I understand that if I consent to electronic delivery...” has been shown as a variable. This will only be used if we implement electronic delivery of the portability booklets as described above.

SERFF Tracking Number: PRLF-128149546 State: Arkansas

Filing Company: Principal Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Critical Illness (Portability)

Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/14/2012	Form	Introductory Page	05/18/2012	GH 5710 (CI PORT).pdf (Superceded)
05/14/2012	Form	Continuation of Coverage	05/18/2012	GH 5716 (CI PORT).pdf (Superceded)

PRINCIPAL LIFE INSURANCE COMPANY
(called Principal Life in this Certificate of Coverage)
Des Moines, Iowa 50392-0002

CERTIFICATE OF COVERAGE

Important Notice: This is Critical Illness insurance. It provides a limited specified benefit. It is not a substitute for medical coverage. Please read this Certificate of Coverage carefully to fully understand what it covers, limits, and excludes. Principal Life suggests starting with a review of the terms listed in the DEFINITIONS section. Knowing the meaning of these terms will help with understanding the insurance.

This Certificate of Coverage is part of the Group Policy that is a legal document between Principal Life and the Policyholder to provide benefits to Members and their Dependents, subject to the terms, conditions, limitations and exclusions of the Group Policy. Principal Life issues the Certificate of Coverage based on the Member's application and payment of the required premium. The Group Policy, the incorporated Certificate of Coverage and the Member's application make up the entire contract.

This insurance has been designed to provide benefit payment when a covered Critical Illness occurs. The benefits are provided by a Group Policy issued by Principal Life. To the extent that benefits are provided by that Group Policy, the administration and payment of claims will be done by Principal Life as an insurer.

The provisions of the Group Policy determine Members' rights and benefits. This Certificate of Coverage briefly describes those rights and benefits. It outlines what the Member must do to be insured. It explains how to file claims. It is the Member's Certificate of Coverage while insured.

The effective date of insurance is as shown on the Scheduled Benefits Summary.

THIS CERTIFICATE OF COVERAGE REPLACES ANY PRIOR CERTIFICATE OF COVERAGE THAT THE MEMBER MAY HAVE RECEIVED FROM PRINCIPAL LIFE. In the event of future changes to the Member's insurance, the Member will be provided with a new Scheduled Benefits Summary, Certificate of Coverage or a Certificate of Coverage rider.

This Certificate of Coverage describes all the benefits available under the Group Policy underwritten by Principal Life. However, if the Prior Policy did not provide a particular benefit or if the Member did not elect any available benefits, those benefits described in this Certificate of Coverage will not apply to the Member.

The group insurance policy and the Member's insurance under the Group Policy may be discontinued or altered by Principal Life at any time without the Member's consent.

Principal Life reserves complete discretion to construe or interpret the provisions of the Group Policy, to determine eligibility for benefits, and to determine the type and extent of benefits, if any, to be provided. Principal Life's decisions in such matters will be controlling, binding, and final as between Principal Life and Members insured by this group insurance, subject to the Claim Procedures shown on GH 5724 (CI PORT) of this Certificate of Coverage.

The insurance provided in this Certificate of Coverage is subject to the laws of the state of Delaware.

[4] **[CONTINUATION OF COVERAGE]**

Dependent Insurance – Developmentally, Physically or Mentally Disabled Children

Qualification

Dependent Critical Illness Insurance for a child may be continued after the child reaches the maximum age for Dependent Children as defined in GH 5712 (CI PORT) of this Certificate of Coverage, provided that:

- the child is incapable of self-support as the result of a Developmental, Physical or Mental Disability and they became so before reaching the maximum age and is dependent on the Member for primary support; and
- except for age, the child continues to be a Dependent Child as defined in GH 5712 (CI PORT); and
- proof of the child's incapacity is sent to Principal Life within 31 days after the date the child reaches the maximum age; and
- further proof that the child remains incapable of self-support is provided when Principal Life requests; and
- the child undergoes examination by a Physician when Principal Life requests. Principal Life will pay for these examinations and will choose the Physician to perform them.

Period of Continuation

Insurance for a Dependent Child who qualifies as set forth above may be continued until the earlier of:

- the date insurance would cease for any reason other than the child's attainment of the maximum age; or
- the date the Group Policy terminates, either in its entirety or for the Member; or
- the date the child becomes capable of self-support or otherwise fails to qualify as set forth above.]